EXHIBIT 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
No. 20 Civ. 3315 (ER)

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CESAR FERNANDEZ-RODRIGUEZ, ROBER GALVEZ-CHIMBO, SHARON HATCHER, JONATHAN MEDINA, and JAMES WOODSON, Individually and on behalf of all others similarly Situated,

Petitioners,

vs.

MARTI LICON-VITALE, in her official capacity as Warden of the Metropolitan Correctional Center,

Respondent.

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VIDEO DEPOSITION OF
DR. ROBERT BEAUDOUIN
May 20, 2020

Reported by:
ERICA L. RUGGIERI, RPR

coverage. So this doesn't essentially apply to us because we don't have -- we don't have 24-hour coverage.

Q. Under the heading Purpose, do you see the text there?

A. Yes.

Q. Is the purpose of this document to provide guidance on setting up an infirmary for COVID-19 patients at an institution without an on-site infirmary?

A. Yes. But we don't have the capacity to set up an infirmary.

Q. So has the MCC created any sort of on-site infirmary to deal with the COVID-19 pandemic?

A. No.

Q. And you mentioned that this document -- please go ahead.

A. Okay. The infirmary would mean that we would need 24-hour coverage. We don't have the capacity to provide 24-hour

not apply. Of course there are certain things that not only specific to something as specific to isolation we will follow them but we do not have an infirmary to do the isolation infirmary -- to follow the isolation infirmary guidance.

Q. But the MCC is putting individuals with suspected or confirmed COVID-19 in isolation?

A. Yes.

Q. But it does not have the resources to follow this infirmary isolation guidance?

A. Yes -- no, we don't have the resources to do it.

Q. Do you recall a time earlier this year when the MCC was on lockdown due to a weapon being brought into the facility?

A. Yes.

Q. Do you recall around when that was?

A. I believe it was in

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BOP, Bates MCC 1726, marked for identification, as of this date.)

Q. This is a memo issued by the BOP dated February 29, 2020, concerning COVID-19 guidance, Bates number MCC 1726.

So Mr. Beaudouin, you established you are familiar with this guidance?

A. Yes.

Q. And this is a memo that the BOP circulated about preparation that federal prison facilities should be taking for COVID-19?

A. Yes.

Q. Do you recall when you first became aware of this memo?

A. No. But I would say after the memo was sent to the staff -- I think the memo was sent to the -- it just general agency and then he sent it to me and our HSA, I think that is around the time that I became aware of it.

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Q. Would you say that was around February 29th?

A. Probably around the time. Probably not too far after that I would say.

Q. Do you understand that in this memorandum the BOP was making recommendations about procedures such as screening inmates?

A. Yes.

Q. Do you understand that around this time the BOP was making recommendations about establishing baseline PPE supplies?

A. Yes.

Q. Are you familiar with a pandemic influenza plan that was established in 2012?

A. I could -- I can say I know they asked us to review it but I didn't review it -- we didn't review it. We read it -- we read it but it's not like we read it like study it. So we essentially know that

COVID-19?

A. Yes.

Q. Do you remember when that happened?

A. I don't remember exactly when that happened, no.

Q. Would you say that was also around the end of March?

A. Yes.

Q. Were you involved with the discussions about this?

A. Yes.

Q. Who else was involved in these discussions?

A. I think -- I think the BOP warden Mr. McFarland either asked for us to develop a list or it could have been the HSA or the AW or the warden. I know that there was a need to develop that list because the CDC had a list of people would be at higher risk of infection or severe illness from COVID-19.

Q. So you think some assistant

diagnosis too. VEMA, V-E-M-A. I'm sorry for my accent, I have been working on it for a while.

Q. There's no need to apologize for that.

Is it your understanding that everyone you recommended to be on the list was included in the final list of vulnerable inmates?

A. I don't know because I didn't see the list and I didn't collect the information so I don't know.

Q. Did you ever add more inmates to this list?

A. I don't think so.

Q. Do you know what steps were taken to protect the inmates you identified as most vulnerable?

A. Well, the inmates -- I think -- I think most of inmates were more serious medical condition, housed in 11 South. So we know if we get a call from 11 South, it

could be an inmate with a serious medical condition. Not that there are no other inmates with other serious illness or serious medical condition that cannot be in another unit but 11 South had more inmates with medical condition there.

Q. Do you know if that just happened to be the case or if inmates were moved to 11 South?

A. I think at some point inmates were moved to 11 South. And that was -- I think that was even before -- before COVID-19.

Q. Before COVID-19 you think the vulnerable inmates were moved to 11 South?

A. Right. I think so.

Q. Were you involved in the decision to move them?

A. No.

Q. Do you know who made that decision?

A. I think it was done at the

symptom so every staff member know if they have symptoms what to do and everybody essentially know.

Q. Do the staff members know what to do if they have had exposure to someone with symptoms?

A. Yes.

Q. And what are the --

A. In general, if you have exposure to someone who has they should call human resources say they have exposure and then human resources will tell them what the CDC recommend or the BOP recommends is to go in quarantine for 14 days and you may need to talk to your doctor. At the beginning quarantine was what was recommended, not being tested, unless you are sick enough to go to the hospital and think -- and you are going to be admitted, you are not going to be tested. They would say stay in quarantine for 14 days and see how your

symptoms are and then you could report later. Essentially you had to still talk to your doctor.

Q. Were you ever personally involved with conducting new screenings?

A. I am not sure. I may have. I don't think. I'm not sure really. You know, different staff member in the medical were doing it. I am not sure I did. I may have but I can't remember exactly right now.

Q. Is it your understanding that when they are conducting the screening they ask -- they follow this form?

A. Yes. You have to check yes or no on this form. So yes, they do it.

Q. So what happens when a staff member shows symptoms?

A. Okay. They would follow the recommendation. Contact -- if they have symptom, they contact the

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Q. Any additional staff tested positive since May 13th?

A. I don't know.

Q. Are you informed when a staff member tests positive?

A. So actually I spoke with the human resource manager. He told me for the past two weeks there were no positive tests. So that's a correction.

Q. Are you informed when a staff member tests positive?

A. I wasn't being informed regularly. At first the AW, I think, was contacting the HSA to do the contact investigation. And then after the HSA got sick and she was contacting me, but I think she contacted me like three or four times to do some contact investigation but from the chart there are many more staff that needed some contact investigation who tested positive. But what we

are doing now is that the human resource manager is sending me this form so I also told him that if anybody tests positive, he needs to let me know or let the assistant HSA know so we can do -- for him to provide us the list of possible contact for the staff, for us to do a contact investigation. So we working on improving -- improving the contact investigation.

Q. And you haven't been informed of anyone else who tested positive?

A. For the past two weeks he told me no, there are nobody -- or there is nobody who tested positive -- positive.

Q. Are you responsible for conducting contact investigations?

A. I don't know if that's my duties but another thing, you know, another thing in medical, whenever there's something, it's like a

medical job. So in term of doing the contact investigation it's -- essentially anybody can do it. Like outside they are hiring clubs to do contact investigation. They are not hiring doctors to do contact investigation. But anybody can do it but somebody medical other than me or the assistant HSA will be doing it. So we going to tighten up on the contact investigation.

Q. So your understanding is to date only three or four of these individuals or four -- only three or four of these individuals have contact tracing been done?

A. Right, yes. That I have done.

Q. Do you understand that there were multiple instances when staff who were positive for COVID-19 continued to report to work at the MCC?

A. I don't know that.

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Q. Could you please direct your attention to the entry for case number NYM-06?

A. Okay. NYM-06, yes.

Q. And apologies if your print out is small. But does this indicate that the staff member symptoms began on March 25th, 2020?

A. That's what it says there, March 25th, 2020.

Q. Does this indicate that the staff member got a COVID test on March 25th?

A. Yes, March 25th.

Q. Does this indicate that the result of the test was positive?

A. Yes. Does this indicate -- we don't have the date. We have the test date. When the result I don't know that they put the result on here. I don't know when they got the result though.

Q. Does this indicate that the staff member continued reporting to

work until March 28th?

A. Yes.

Q. Even if the staff member did not have a positive test by that date, would you have recommended that that individual continue coming to work?

A. If the staff member had symptoms -- well, he had symptoms so I would recommend that he didn't come to work.

Q. Can you direct your attention for the entry NYM-45?

A. Okay. 45.

Q. Does this indicate that the staff member symptoms began on March 24th, 2020?

A. Yes.

Q. Does this indicate that the staff member continued to report to work until March 29th, 2020?

A. Yes.

Q. Does this indicate that the staff member tested positive for

COVID-19?

A. Yes.

Q. Would you again have the recommendation that this staff member should not have reported to work?

A. Yes.

Q. Can you please direct your attention to the entry for case number NYM-33?

A. Yes.

Q. Does this indicate that the staff member symptoms began on April 13, 2020?

A. Yes.

Q. Does this indicate that the staff member had a COVID test on April 13, 2020?

A. Yes.

Q. Does this indicate that the result of that test was positive?

A. Yes.

Q. Does this indicate that the staff member continued to report to

work until April 19, 2020?

A. Yes.

Q. Would you again have recommended that this staff member not report to work?

A. I would recommend that he or she didn't report to work, correct.

Q. If you look at the return to duty date since tested positive column, does this indicate that this individual returned to work on April 28th, 2020?

A. Yes.

Q. And if you look at the additional information column, does this indicate that the individual tested positive again on May 8th, 2020?

A. Yes.

Q. Would it be your understanding that this individual was still positive for COVID when they returned to work on April 28th?

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A. Yes.

Q. Would you please direct your attention for the entry for NYM-27?

A. 27, yes.

Q. Does this indicate that the staff member's symptoms began on April 6, 2020?

A. Yes.

Q. And a COVID test on April 13, 2020?

A. Yes.

Q. Does this indicate that the result of the test was positive?

A. Yes.

Q. Does this indicate that the individual continued to report to work until April 16th?

A. Yes.

Q. Would it be your recommendation that this individual should not have reported to work?

A. Yes.

Q. Now, again --

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A. Also my recommendation -- it's also my recommendation, most likely the staff member was wearing a face mask while he was at work, so which mean he's unlikely if he's wearing a face mask and taking the usual precautions he's probably unlikely to transmit the disease.

Q. But he was working at the MCC with a positive case of COVID?

A. Yes.

Q. Does this -- going to the last column again. Does this indicate that this individual returned to work on April 28th, 2020?

A. Which -- which case we talking about right now?

Q. We are talking about NYM-27?

A. 27. He report to work -- he report to work on the 13th -- no, I'm sorry, on the 16th.

Q. Yeah. I think --

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A. I'm sorry, kind of confused there.

Q. No, sorry. That was my fault.

So we are looking at the entry for NYM-27. And it indicates that the last date that they -- sorry, the date until which they continued to work is April 16, 2020, correct?

A. Yes.

Q. Does this indicate that this individual returned to work on May 4th, 2020?

A. Yes.

Q. And does this indicate that the individual tested positive again on May 10, 2020?

A. Yes.

Q. Would it be your understanding that this individual returned to work while they were still positive for COVID-19?

A. Yes.

Q. Is a negative COVID-19 test

they were so I did not go exactly to see what this process is. I just ask for the names. So what I would think is that if you work in an office or in the same department, these are your contacts, of course they are the people you get in contact with. The people you work closely with would be the people you are in contact and of course others and also he could have contact with inmates.

Q. Do you know if there's a policy detailing how contact tracing should be done?

A. No, I don't know.

Q. Do you have any sort of tracker that you can look at to see of the individuals who have tested positive for COVID-19 who -- for whom have a contact tracing investigation been performed?

A. No.

Q. Do you have a list of all

question?

Q. Would it be correct to say that you do not receive information about individuals who are out of the office due to COVID-19 symptoms but have not taken a test for it?

MR. BARNEA: Same objection.

A. Yes, that's correct.

Q. For the contact investigations you have performed, what steps are taken for those who came into contact with that staff member?

A. Well, the screening form, I use the screening form on them and I do take their temperature and 6 CK it has a different symptom. In my cases when I did them, none of them had temperature, taking their temperature none of them had a fever and they didn't have any symptoms.

Q. So if a staff member has been in contact with another staff member who has tested positive for

COVID-19, that staff member is expected to continue reporting to work unless they themselves displayed a symptom; is that correct?

A. Yes, that's my understanding. Wait. CK test a staff member who has tested positive and has contact with somebody who has no symptom and the question is that the contact is expected to come to work, is that your question?

Q. Yes.

A. Yeah, the contact is supposed to come work, the contact supposed to wear the face mask and also take the regular precautions.

Q. In the contact investigations you have conducted have you identified inmates that a positive staff member has been in contact with?

A. When I did the contact investigation we were -- we were

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screening of the inmate when we are doing the COVID-19 screening while they are in quarantine or isolation.

Q. When did the MCC start screening inmates for COVID-19?

A. We started screening I think after at the end of March after we had the first case.

MS. KALA: Could everyone open or turn to the document that has been marked Exhibit 9.

(Exhibit 9, Inmate Screening Tool, Bates MCC 1469, marked for identification, as of this date.)

MS. KALA: This is the COVID-19 Inmate Screening Tool dated February 2020, Bates No. MCC 1496.

MR. BARNEA: 1469.

MS. KALA: Thank you. 1469.

Q. Are you familiar with this document?

A. Yes.

Q. Can you tell me what it is?

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is, you do admissions.

Q. I'm talking about the screening that is performed on a day-to-day basis for general population inmates.

A. Okay, the screening. So we go through the cell, we take their temperature. We ask them the usual questions, do you have cough, chest pains, shortness of breath, fever, nausea, vomiting, diarrhea, loss of taste, loss of smell, muscle aches and pains. We do that essentially I know on the first two or three days of contacting the inmate we do that. After a while because I know that there was a complaint from the inmate saying that we don't ask them these questions anymore. I asked the staff do we still continue to do that. They say we do it two or three times. So next time how are you doing you. And also since I'm seeing the patient I can look at the

patient and see how he's doing. I ask him how are you doing. If they say I'm fine and the temperature is good, it's normal, then I'm good with it. But if the patient was sick, I would send the inmate to medical to be examined. So that's how we have been doing it.

But I understand the problem was that the inmate was saying that we stop asking them the usual symptoms and I instructed the staff forward to continue asking them the usual questions, besides taking the temperature to ask them the usual questions. Right now we doing one unit every day and unit 11 we do it twice a week.

Q. Is there any sort of document that's used for this screening process?

A. Well, at first we are using the image screening tool. Since we have more than 700 inmates it's

become cumbersome to be copying this page, you know, so many times. So we started using the roster and write on the side of the roster the temperature and if that are some symptoms we write it on the side too.

Q. Did you say roster?

A. Yeah. Roster, R-O-S-T-E-R.

Q. Got it. Are the results of the screenings recorded in any way besides being on the roster?

A. No. We didn't report it because of staffing because it takes -- it takes time. It takes really a lot of time. There's 700 inmates. The only thing that was recorded in isolation. In isolation the temperature was recorded. But usually in quarantine we did not record them. We tested weekend records.

Q. You mentioned that one unit is being screened every day. What

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does that mean?

MR. BARNEA: Objection to form.

A. No, no. We screen one unit a day, not one unit every day. Let's say we have unit 2, unit 3 is a quarantine unit, unit 5 -- unit 5, unit 7, unit 9, unit 11. Unit 2 is only once a week. We go and take the inmates temperature once a week. We do for seven. That's what I'm trying to say. Unit 11 we do it twice a week.

Q. Was there ever a time where the screening was being done more frequently?

A. I'm sorry to interrupt you. 11 South, not 11 north.

Yes. There was a time that we were doing it every day when we had COVID cases, we were screening every unit every day.

Q. When was that?

A. More than two weeks ago.

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Q. And do you know roughly how long that lasted for?

A. I think everything started after end of March.

Q. What happens if someone displayed symptoms of COVID-19 during the screening?

A. Okay. Somebody developed symptoms then we going to examine them further. We going to bring them -- first we going to put a face mask, bring them to medical so we do a further examination.

Q. Is this done when an inmate displays any symptoms of COVID-19?

A. Yes. Any symptoms, as long as they have symptoms, yes, we would do it.

Q. What happens if someone has a fever?

A. Well, the fever is like the most important symptom in general. If somebody has a fever, yes. Person has a fever, then we are

going to put him in isolation. We are going to examine him too.

Q. Continue.

A. We are going to examine him -- I said we are going to examine him too. Check his lungs, check his heart. Yeah, we going to examine him too.

Q. But it results in automatic isolation as well?

A. Yes.

Q. What if someone has a fever of 99.5?

A. Well, we go with 100.4. That's the number, 100.4.

Q. If an inmate has a fever below 100.4, are any steps taken?

A. If the inmate has other symptoms, we got to look at the inmates globally essentially. Let's say the inmate have a temperature of 99.6, 99.8 but he has all the symptoms, we will take the symptom as a global, well he has other

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A. It's an isolation checklist for COVID-19.

Q. In the Move to Isolation row, does this document indicate that inmates presenting with symptoms of COVID-like illness should be placed in isolation?

A. Yes.

Q. Are you aware of any inmates who have said they have symptoms that are not placed into isolation?

A. I am not aware of that. But also, when you say symptoms, not all symptoms may have to deal with COVID-19.

Q. Would you agree that fever is a symptom of COVID-19?

A. Yes.

Q. Would you agree that a cough is a symptom of COVID-19?

A. Yes.

Q. Would you agree that shortness of breath is a symptom of

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COVID-19?

A. Yes.

Q. Would you agree that muscle aches are a symptom?

A. Yes.

Q. Would you agree that there are other symptoms of COVID-19 that have been defined by the CDC?

A. Yes.

Q. Would you consider any symptoms identified by the CDC as requiring an inmate to be placed in isolation?

A. In generally, yes.

Q. Were inmates previously being placed into isolation in the special housing unit?

A. I'm sorry, can you repeat that.

Q. Sure. Were inmates previously being placed into isolation in the special housing unit?

A. Yes. That was at first,

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A. I determine that.

Q. Are post recovery -- are post recovery symptoms tracked after an inmate is released from isolation?

A. After an inmate is -- no, we don't essentially track them, but if the inmate, depending where the unit inmate goes, inmate have access to -- inmate have access to a sick call, inmate have access to us from the unit officer. Also inmate can -- when inmate is being done -- is being done by medical staff inmate have access to us.

Q. Is there any procedure for scheduling a medical checkup with an inmate in the week or two after they have been removed from isolation?

A. No.

Q. How many inmates have been isolated since March 1st?

A. Okay. So I could count the numbers there.

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A. Yes.

Q. Is that 40 out of about 200 staff members?

A. I don't know the exact staffing of MCC but it could be, it could be 200.

Q. If it is about 200, what would in your mind explain the discrepancy between the percentage of inmates with COVID-19 symptoms and the percent of staff who have tested positive for COVID-19?

A. Testing. If you test more inmates, you are likely going to have more inmates positive. But remember even in hospital they were not testing at the beginning. You know, at the beginning I sent inmates to the hospital, they did not test them, we are not going to admit him. There was no need to test. So the more you test, the higher the likelihood of having positive results.

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are housed on 11 South.

Q. Is that an open dormitory unit?

A. Yes.

Q. And were those inmates quarantined there while 11 South was in quarantine?

A. Yes -- the inmate at 11 South, when the inmate were quarantined, yes, they were in quarantine as a cohort.

MS. KALA: Could everyone please open what has been marked as Exhibit 12.

(Exhibit 12, BOP Quarantine Guidance: New admits, Contacts of COVID-19, and Pending Release, Bates MCC 1633, marked for identification, as of this date.)

MS. KALA: This is BOP Quarantine Guidance: New admits, Contacts of COVID-19, and Pending Release. This is May 7, 2020, Bates number is MCC 1633.

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A. Yeah. We go see them, we do temperature check, we do symptom check. Yeah, we check on them.

Q. And how often?

A. We do it once a day.

Q. Are there any situations where an inmate who is displaying COVID-19 symptoms is left in the unit?

A. Are there any situations where one inmate is complaining of COVID-19 is left in the unit?

Q. Yeah.

A. If we know of it, we wouldn't do it. If we don't know of it, we don't know. But if we know, we are going to aggregate, regularly aggregate, that's a normal operation.

Q. Are there any housing units that have never had inmates with COVID-19 symptoms in them?

A. No. All the units have been in quarantine, that means they

must have had somebody with symptoms.

Q. What is the MCC's policy for who gets tested for COVID-19?

A. The policy is not MCC policy. The policy is Bureau of Prison policy. They made some adjustments in the policy. So they want us to test if we knew inmates would come in, in the new admissions. Do you want to test -- to contact, let's say one inmate become positive for -- let's say one inmate in our system is contact would also be tested. And I think there was something else. But essentially these are the new -- the new guidance. The new guidance, all new admit are going to be tested. The contact of somebody who is put in isolation will be tested. I think I'm missing something. But that's essentially the new guideline -- there was a new guideline that

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was sent out very recently.

Q. And what are you doing to comply with that new guideline?

A. We just meet with the COVID machine. We are not using it yet because we have to get the staff trained on it. So we have three known mental chemists (ph). We sent it to Labcorp. We do the swab and we send it to Labcorp for the test.

Q. When did you receive the -- this Abbott testing machine?

A. We receive it last Thursday.

Q. And when -- by when do you plan to be able to conduct tests with this machine?

A. Well, we waiting to buy a printer so to make it official for the lawyers so we waiting to buy a printer so when we have the results we get that quick instead of the staff writing on the e-mail note negative or positive, we wanted it

to be pretty so it look more professional and more official. So when we have the printer, then we would use it. In the meantime the only medical conduct was going to do the testing and send it to Labcorp for -- send it to Labcorp for evaluation.

Q. And how will you conduct their tests for those new inmates who come in?

A. How? Well, we get the testing kit, which is a swap. We do a nasal applying to swab or no applying to Schwab.

Q. Have you made a request for the MCC to buy a printer so you can start using the rapid testing machine?

A. Well, the rapid testing machine is not really rapid. Because it takes 15 minutes to do a test. So that is four an hour. And let's say you have -- if you add one

were low, could an order for test kits have been placed in late March?

A. Well, could have, yes.

Q. Did you consider placing an order for test kits in late March?

A. No, I didn't consider placing an order for testing. Also it would have been have been advised to place order for testing. I don't think we were advised to order testing kits for COVID-19 at the time.

Q. And when you placed the order for test kits on April 10th, do you remember how long it took for the tests to arrive?

A. I think it took about two or three days.

Q. Are inmates who are isolated and then returned to the general population ever placed in dormitory units?

A. I cannot answer ever. I don't know. I don't know.

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Q. Can you look at the entry for Litigation No. 223.

A. Yes, 223. 223, yes.

Q. Under Additional Information do you see from SHU to 11 South?

A. Right.

Q. What does that mean?

A. So when the inmate initially goes in isolation he was returned to his unit, the unit he was in before. He was in 11 South.

Q. And is 11 South a dormitory unit?

A. Yes, it is a dormitory unit.

Q. Could you please look at Litigation No. 136.

A. 136. Okay, 136.

Q. In Additional Information does that say "unit 3/moved to 11 South"?

A. Yes. I believe it's the same -- I believe it could have been

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inmates 122 and 303?

MR. BARNEA: Those are quarantined inmates not isolated inmates, right?

MS. KALA: Yes. Thank you.

A. Yes.

Q. So leaving aside those two who are quarantined, for isolated inmates is a positive test required -- sorry, is a negative test required before the inmate is moved into the general population?

A. No.

Q. And your understanding is that inmates on 11 South are not able to maintain social distance; is that correct?

A. It's a dorm so they are close to each other. It is safe to say they can't maintain six feet social distancing.

Q. Do you believe that the five positive inmates to date captures all inmates who have or

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A. The sick call is considered the official version when inmate goes on the computer and put on electronic sick call. The copout, which we call copout was that the inmate write a little piece of paper something and he give it to a staff member, this is what is considered a copout.

Q. So would it be fair to describe the way to make requests as oral requests, paper requests and electronic requests?

A. Yes.

Q. I know you described a number of different ways in which oral requests could be made. What is the actual process for making an oral request?

A. Well, the oral request you talk to somebody. You say, oh, I got this, oh, can you call medical for me. That's -- that's it.

Q. Is there any particular

passed on to the medical staff?

A. Oh, the officer can just call you. Doctor, this inmate says he has this and that, can you see him. And then 99 percent of the time we say yes, send him down.

Q. How soon after an oral request is made by an inmate is it passed on to the medical staff?

A. I don't know. I can't tell you that. If it's even to a medical staff, let's say medical staff is doing -- is doing fill lines and Mr. Smith's stop by and says, Doc, I need you see for this and that, and the staff would right write it himself and say, okay, we will call you later. So that would be one way.

Q. Are there any guidelines for how oral sick call requests are passed on to medical staff if they are reported to a nonmedical staff member?

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A. No, I don't think so.

Q. How are paper requests for medical care passed to the medical staff?

A. The inmates write a piece of paper and they give it to medical -- the medical staff.

Q. So the inmate has to directly give it to a medical staff person?

A. Well, the -- yes, he would have -- yes, to a medical staffer, yes.

Q. And what about electronic sick calls?

A. Electronic sick call the inmate goes to the computer and put in the information and that's how they explain sick call is done.

Q. And how does it come to you or to the medical staff?

A. The electronic sick call go to a bag, a computer bag, where the HSA, an HSA and they have a nurse

Technically they all supposed to be either brought down to medical or be put on the call-out to be seen.

Q. Is there any policy saying when someone needs to be seen -- when someone needs to be brought down right away?

A. Yes.

Q. And what is that policy?

A. Well, these are for acute conditions. Let's say somebody saying I have chest pains, is the guy having a heart attack, let's say the guy is bleeding or he has some weakness on one side. He's out for potentially emergency condition.

Q. Would you say COVID-19 symptoms are an acute condition?

A. Yes.

Q. Going back to the type of requests for medical care. When you received or any medical staff member, I should say, received an oral request for medical care, is

that recorded anywhere?

A. No. No one requests the images I think. Oh, I got this, can you bring me down. That's not something you going -- that's not something we are going to record somewhere. If you record it, he going to the computer and put in an official request.

Q. If the inmate makes an oral request but is not seen right away, is any sort of record made of that request?

A. No. The only request between the inmate and the staff member.

Q. What about any paper copouts, are those recorded --

A. The paper copouts, the way the paper copout working handled was that. When we receive the paper copouts, we just schedule them or call it down and these paper copouts we keeping them and recording them

in the medical records. So we are not keeping them. So I know that's been a problem with booking, the same thing booking with -- we are not recording the paper copouts. After we finish reviewing it or scheduling the admit, the little piece of paper we were shedding the little piece of paper. But from what we know happens in blueprints, they say we should report them. So when I got that little piece of paper with writing so I get some Scotch tape, put it on the -- Scotch tape, put it on the imprint and tape it so that it can go in the record. But I think that the way that we have to start doing that in the future for whatever paper copout we get, we're going to record it and for it to go in as an official record.

Q. Have any paper sick call requests been saved?

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A. After we heard it was the Brooklyn issue, so whatever paper copout we get, we keeping them.

Q. When did you hear about the Brooklyn issue?

A. Two weeks ago. Not too long ago.

Q. Before that date were any paper sick call requests saved?

A. No. We are not keeping that. We think it was an official record.

Q. Before that date to your knowledge were all paper sick call requests shredded?

A. That's what I think, yes.

Q. And are electronic sick call requests recorded anywhere?

A. Well, the electronic, they always there. They always on the computer. So yes, they are there.

Q. And would you say the record of all electronic sick call requests is the inbox that receives

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A. Yes. That's in -- that's in the electronic medical records. When the inmate is seen and an account is created where he does -- he does say what the complaint of the inmate is, what the objective is, which is were the vital signs taken, was their weight taken, and a physical exam, is the an assessment in place and some had medication.

Q. When medical staff receives a request for medical care related to the COVID-19 symptoms, how quickly are they supposed to respond?

A. Oh, they are supposed to respond immediately.

Q. Are they supposed to inform you about such a request for medical care?

A. No.

Q. Are they supposed to inform you if they have identified or learned about an inmate with

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Q. Dr. Beaudouin, who receives e-mails sent to the sick call box?

A. It goes through a fax. HSA has access to it -- HSA has access to it and the nurse who is in charge of monitoring it has access to it. These are the people --

Q. Who are those individuals?

A. The HSA? You want names?

Q. Yes, please.

A. Terrance, T-E-R-R-A-N-C-E, Chomas, C-H-O-M-A-S, the assistant HSA. Marc, M-A-R-C, Yonnone, Y-O-N-N-O-N-E. And the nurse has been out -- has been deployed for probably four weeks now. The nurse is Joseph Columbo, C-O-L-O-M-B-O.

Q. Who maintains the sick call.

A. I don't if other people have access.

Who maintains the sick call box? It's the computer thing, I don't know who did it.

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Q. Who is responsible for responding to requests received to the sick call box?

A. It is a nurse that is responsible for checking the medical box. Called the HSA (inaudible).

Q. Could you please turn to page 19. I think you may not have page numbers on your printout so let me give you the Bates number. It's Bates number MCC 0219.

A. Okay, I got it.

Q. Is this an e-mail from an individual who has now been identified as inmate 343?

A. Yes.

Q. And this e-mail was sent to the sick call box on April 17, 2020?

A. Yes.

Q. Did you see this e-mail?

A. I just saw it now.

Q. Prior to now did you see this e-mail?

A. No, I didn't read all of

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can't see. It's on the right side of the page.

Q. How about now, can you see the whole document?

A. No. Could you move it to the left a little bit.

Q. Sure. I'm not sure if that will help. Does that help?

A. It's hard to read.

MR. BARNEA: It's very small. Can you zoom in a little bit.

Q. Yes, I'm trying to find a good balance. How about this? No, too small?

A. Yeah, still too small. Can't make it out, no.

Q. Okay. Can you see the whole document?

A. Yes.

Q. Okay, great. Is this a response to an e-mail from an individual now identified as inmate 324?

A. Yes. I see it says

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schedule for sick call.

Q. When was that response sent?

A. It's saying it was sent on 5/5.

Q. Did you write the response?

A. No.

Q. Was the inmate's initial message sent on April 16, 2020?

A. Yes, that's what it says.

Q. Did the inmate's message describe shortness of breath?

A. Yes.

Q. Did this inmate's request describe chest pains?

A. Yes.

Q. Do you understand these to be COVID-19 symptoms?

MR. BARNEA: Objection to form.

A. Yes.

Q. Do you understand chest pain to be a symptom demanding an emergency response?

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A. Yes. But it depend on the type of asthma. It has to be moderate to severe asthma, and I don't remember this inmate.

Q. You don't remember this inmate?

A. No, I don't remember him.

Q. Could you please turn to page 9. This is Bates number MCC 0209. I'm not sure if you can see it on my screen or if you need a moment to find it.

A. Yeah, I can see it.

Q. Is this in response to an e-mail from an individual now identified as inmate 235?

A. Yes.

Q. Was this response sent on May 5th, 2020?

A. Yes.

Q. Does this response say scheduled for sick call?

A. Yes.

Q. Did you write this

response?

A. No. I don't write any of these responses.

Q. Was the inmate's initial message sent on March 15, 2020?

A. Yes.

Q. Did the inmate's message describe coughing?

A. Yes.

Q. Does this inmate's message describe a fever?

A. Yes.

Q. Were you informed of this e-mail?

A. No.

Q. Is coughing a symptom of COVID-19?

A. Yes.

Q. Is fever a symptom of COVID-19?

A. Yes.

Q. Do you have reason to believe this inmate received a response to their sick call request

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Q. Were any responses to sick calls -- to electronic sick call requests made prior to May 5th, 2020?

A. No, it's not indicated here, no.

Q. And --

MR. BARNEA: I'm sorry. Did you mean this particular one or all of them?

Q. Yeah, to clarify, I'm talking about the whole set. Were any responses made prior to May 5th, 2020?

A. Well, the sick call box was not being monitored regular after the Brooklyn interview so I talk with the assistant and we have plan that this is -- the first thing he does when he start working, he go to the sick call box and review the sick call box. He was in there, but he may need to be brought down for evaluation, for the inmate to be

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brought down depending on the symptom or the complaint and the inmate need to be scheduled. We know this has been a problem in the past, something that we are working to fix.

Q. When did you find out -- you referenced you found out something about the MCC and then changed this practice; is that correct?

A. Well, the sick call box has nothing to with the MCC. We know about the sick call box. The nurse supposed to be monitoring it, they can check and they are supposed to be monitoring it. The only thing I said to MCC are those little paper copout with three lines on the little piece of paper that's supposed to be into the medical records. That's something -- that is something. But the sick call, the electronic medical record that's

in there so monitoring it has not been done timely, that's something that now is being done.

Q. Sorry, I think I misunderstood you so I just want to make sure I have this correct. What prompted you to change the policy with regard to monitoring of the sick call box?

MR. BARNEA: Objection to form.

A. It's not a change in policy. Essentially the sick call box was supposed to be monitored by the nurse. Okay, the nurse went on -- was deployed so that slowed down the thing and then the correctional facility, the HSA has been on leave so the assistant HSA started to monitor the box. It hasn't been done timely. So we know it's a problem and we -- this is one thing I discuss with him, whatever he do the first thing in the morning go to

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the sick call box, handle what's in there. So this is something we doing right now to make sure that it's being addressed because we know, you know, something could go wrong with that. I can go to the lines medical staff you know, you know, if they want to be seen immediately we usually tell them, if you have serious symptoms, it's not probably good to put it on sick call, you need to talk to somebody. Talking to somebody can get the issue addressed.

Q. When did you have this conversation about the need to monitor the sick call box on a daily basis?

A. Not too long ago. Probably two, three weeks ago or so.

Q. And before you had this conversation what was the process of monitoring the sick call box?

A. The sick call box was to be

monitored by a nurse daily. If the nurse wasn't there, it's supposed to be the HSA. But what happened is there are a lot of work to be done. Sometimes if you don't address it, then it stays and you get busy with other things but it's a problem that right now we have to put it as a priority, the sick call to be addressed first thing in the morning. So that's what I told him, that's why I told him the first thing you do in the morning is go to the sick call box.

Q. The nurse who was supposed to be monitoring it was that Joseph Columbo?

A. Yes.

Q. And he typically has primary responsibility for monitoring the box?

A. Yes. Yes.

Q. And you said he's been out for -- could you remind me how long

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he's been out for?

A. I think probably four weeks.

Q. We'll now turn to page 12 of Exhibit 15. Do you have it in front of you or can you see it on my screen?

A. Yes.

Q. This is Bates number MCC 0212. Is this in response to an e-mail from an individual now identified as inmate 261?

A. Yes.

Q. Did inmate 261 send a request for medical care on May 4th, 2020?

A. Yes, he did.

Q. Were you notified about this e-mail?

A. No, I wasn't notified.

MR. BARNEA: Sorry, Ishita, can you move the other window, I'm trying to see the --

MS. KALA: Oh, sorry. Sorry.

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to do, how to manage the symptoms, to follow up and things like that.

Q. If you conduct an appointment or provide medical care in response to a request for medical care, is that tied in any way to the request on the system?

A. Could you repeat the question.

Q. Sure. And I'll try to make it a little clearer. So if you conduct an appointment in response to someone requesting medical care, are the details of that appointment tied to the request itself on the system?

A. No. I don't see the sick call. So when I'm seeing the inmates, I'm talking to him about the present complaint, the complaint he has not complaint he had before. So of course whatever complaint he has I'm going to address it. So I don't know what he put in his prior